

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 1, 1999

ALL-COUNTY INFORMATION NOTICE NO. I-18-99

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICE
PROGRAM MANAGERS
ALL JUVENILE COURT JUDGES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES AND
STATE ADOPTIONS DISTRICT OFFICES

REASON FOR THIS TRANSMITTAL

- ☒ State Law Changes
☐ Federal Law or Regulation
Change
☐ Court Order or Settlement
Agreement
☐ Clarification Requested by
One or More Counties
☐ Initiated by CDSS

SUBJECT: ASSEMBLY BILL (AB) 1544 MODEL RELATIVE ASSESSMENT GUIDELINES

The purpose of this notice is to provide county placing agencies and juvenile courts with current guidelines for the assessment of relative caregivers with which dependent children are placed. Chapter 793, Statutes of 1997, (Assembly Bill 1544), which was subsequently amended by Chapter 311, Statutes of 1998 (Senate Bill 933), required that the California Department of Social Services (CDSS) make Model Relative Assessment Guidelines available by March 1, 1999. Further, SB933 set forth “family centered, strength-based” solution oriented principles to advance an overall policy objective of establishing safe, stable and permanent families that promote healthy social, emotional, physical and cognitive development for children. SB933 also required the CDSS to make available “*Best Practices Guidelines*” for the assessment of children and families to all county agencies and courts. Those Best Practices Guidelines were sent forth on December 17, 1998 under ACIN No. 1-78-98 and were used as a basis for the Model Relative Assessment Guidelines.

The attached Model Relative Assessment Guidelines are designed to assist child welfare workers to engage relatives and families in information sharing and dialogue with the goal of enhancing mutual understanding of the state/county’s responsibility regarding the welfare and protection of children, and equally important, the relative/family strengths, resources and needs related to their capacity to meet the child(ren)’s needs. The attached document entitled “*Standards and Guidelines for A Model Assessment of Relative Homes*” provides the Background, Philosophical Shift, Why These Guidelines Were Needed, Resources Utilized by CDSS in Developing These Assessment Guidelines, and describes the Format of the Model Relative Assessment Guidelines. The Model Relative Assessment Guidelines contain two sets of documents: 1) Emergency Placement With Relatives and 2) Non Emergency Placement With Relatives. Included in these documents is a description of the process to assess placements with relatives (who performs the process, tasks to complete and what to explain to the parents and/or relatives), guidelines for the assessment and decision, and agreements for placements with relatives.

CDSS plans to conduct statewide training sessions in the following months to review and discuss the use of the guidelines. You will be receiving notification of those training dates and locations. If you have any questions concerning this notice or the Model Relative Assessment Guidelines, please contact Joan Coleman at (916) 323-2681 (e-mail: jcoleman@dss.ca.gov).

Sincerely,

Original Signed by Patric B. Ashby for Marjorie Kelly
on March 1, 1999

MARJORIE KELLY

Deputy Director

Children and Family Services Division

Attachments

STANDARDS AND GUIDELINES FOR A MODEL ASSESSMENT OF RELATIVE HOMES

March 1, 1999

BACKGROUND

Chapter 793, Statutes of 1997 (Assembly Bill (AB) 1544 and hereafter referenced as such), which became effective January 1, 1998, amended Section 309 (d) of the Welfare and Institutions Code (WIC) to require a child welfare worker, when making an out-of-home emergency placement, to seek out relatives for placement consideration and if an able and willing relative requests temporary placement pending a detention hearing, the child welfare worker shall initiate an assessment of the relative's suitability, which shall include an in-home visit to assess the safety of the home and the ability of the relative to care for the child on a temporary basis... The results of the assessment shall be provided to the court in the child welfare worker's report. In addition, WIC Section 361.3 was amended by Senate Bill 933, Chapter 311, Statutes of 1998 (hereafter referred to as SB933) to require that by March 1, 1999, the California Department of Social Services (CDSS) develop standards and guidelines for a model relative assessment process.

In SB 933, the Legislature set forth "*family-centered, strength-based*" solution-oriented principles to advance an overall policy objective of establishing safe, stable and permanent families that promote healthy social, emotional, physical and cognitive development for children. Implicit in this policy objective is the expectation that county agencies work with relative caregivers and their families to assist them in establishing safe, stable homes. SB 933 also required CDSS to "make available Best Practices Guidelines for the assessment of children and families to all county agencies and the courts, and to conduct a pilot project to test the effectiveness of an assessment protocol or process developed in collaboration with county agencies and stakeholders". The Foster Care Policy Bureau, responsible for Kinship Care Program policy and the Child Welfare Services Bureau, responsible for developing the Best Practice Guidelines, are coordinating their respective implementation of these two legislative mandates to maximize uniformity in county policy and practice. Our broad objective is to guide the implementation of a model assessment process that will standardize how counties assess and establish relative homes for out-of-home placements of dependent children.

SB 1901, Chapter 1055, Statutes of 1998 (SB1901) amended WIC 366.3 regarding the termination of guardianships to require county child welfare workers to evaluate whether services provided to the guardian could permit the child(ren) to remain safely in the guardian's home without terminating the guardianship, and if so, to report to the court describing those services. This legislative directive has implications for the assessment of potentially permanent relative placements that may result in guardianship or adoption. It supports an assessment process which does not screen out potential relative caregivers, without first examining their needs resources and strengths. CDSS believes that it is more effective, therefore, to adapt a "front-loading" approach which identifies needs and services at the beginning of potentially permanent placements. This process minimizes the risks to the child that might result from a lack of services or supports that

could have been provided “up front”. The Model Relative Assessment Guidelines ask child welfare workers to consider in their assessment of a relative’s home, the relatives/family’s strengths, resources and needs, and, what the county social service agency might be able to provide to enhance and support the relative caregiver’s capacity to provide a safe appropriate home for the child(ren).

PHILOSOPHICAL SHIFT

The CDSS Model Relative Assessment Guidelines and Best Practice Guidelines represent a fundamental shift from a deficit-based, worker/agency centered, to a strength-based, family-centered approach to the design and delivery of child welfare services. This shift has its roots in traditional social work principles such as “acceptance”, “beginning where the client is”, “self determination” and “client empowerment”. The Model Relative Assessment Guidelines and Best Practice Guidelines guide and direct child welfare workers in an intervention process that involves families in need identification and planning. They call for an assessment *with* the family, not merely *of* the family. Strength-based *inquiry* is critical to the strength-based needs assessment process. The CDSS Model Relative Assessment Guidelines and the Best Practice Guidelines provide information gathering and assessment strategies for agencies, child welfare workers and families to achieve the best care and protection for children by: 1) identifying and using the positive forces and strengths of extended families, and 2) determining what services and resources agencies will need to provide to stabilize and support the family.

WHY THESE GUIDELINES WERE NEEDED

- To standardize how counties assess a relative’s home for out-of-home placement of a dependent child. Currently there is considerable variability in the assessment of relative homes.
- To ensure a safe and secure placement for the child.
- To comply with the Model Assessment of Relative Homes and Best Practice Guidelines mandated by the Legislature.

RESOURCES UTILIZED BY CDSS IN DEVELOPING THESE ASSESSMENT GUIDELINES

- Child Welfare League of America, *North American Kinship Care Policy and Practice Committee Recommendations*
- CDSS Child Welfare Services, *Best Practice Guidelines for Assessing Families and Children in Child Welfare Services*
- CDSS Adoptions Branch, *Adoption Questionnaire I, Adoption Questionnaire II, and Family Assessment Form*
- CDSS Community Care Licensing Division, *Self Assessment Guide for the Small Family Home*
- Contra Costa County, *Policy and Procedures for Placement with Relatives*
- Los Angeles County, Department of Children’s Services, *Out-Of-Home Placement With Relative Assessment Form* and *Agency-Relative Caretaker Agreement*

- Orange County, *Guidelines for Evaluation of Relative Caregivers*
- San Francisco County, *Relative Placement Procedures*
- San Mateo County, *Relative Placement Procedures*
- Solano County, *Assessment Standards for Relative Caregivers*
- State of North Carolina, Department of Health and Human Services, Division of Social Services, *Kinship Care Assessment*
- Eastfield Ming Quong Children and Family Services, *CDSS Family Assessment Project*
- Review and discussion by the California Kinship Care Steering Committee and the Kin Assessment Workgroup

FORMAT OF THE MODEL RELATIVE ASSESSMENT GUIDELINES

The CDSS envisions the Model Relative Assessment Guidelines being divided into two separate packages labeled:

- **Emergency Placement With Relatives** and
- **Non-Emergency Placement With Relatives**

A supply of both packages will be made available to all counties statewide allowing the county child welfare worker to take the appropriate package with them when leaving their office to conduct the assessment of a relative home. A package will contain the following documents:

Emergency Placement With Relatives This package includes 2 documents:

- Document: Emergency Placement with a Relative Assessment + Decision Form
- Document: Emergency Placement with a Relative Agreement

Non-Emergency Placement With Relatives This package would include 3 documents:

- Document: Comprehensive Non-Emergency Placement with a Relative Assessment
- Document: Non-Emergency Placement with a Relative; Decision Form
- Document: Non-Emergency Placement with a Relative; Agreement

The format of these assessment documents is designed to assist child welfare workers to engage relatives and families in information sharing and dialogue with the goal of enhancing mutual understanding of the state/county's responsibility regarding the welfare and protection of children and, equally important, the relative/family's interests, strengths resources, and needs as they relate to the capacity to meeting the child(ren's) needs. The information gathering procedures and open-ended questions encourage the relative/family to share and reflect on parenting concerns, personal feelings, survival skills, resourcefulness, support systems, needs for assistance and other information that might not surface fully in the traditional closed-end question and answer process. Family conferences/meetings are suggested for both emergency and non-emergency assessments. These settings encourage the identification of family strengths, challenges and needs, and facilitates agreement and understanding of what is needed from each member to ensure the safety and welfare of the child(ren). The shift is away from "what information does the child welfare worker/agency need to complete the forms and make a decision?", to "what are the

relative/family's strengths and needs, and what services and supports does the agency/community need to provide to enhance the relative's ability to care for and protect the child(ren)?"

CDSS is scheduling training sessions in the summer and fall of 1999 regarding the use of these guidelines. Announcements will be sent to county welfare departments and will be posted on the CDSS webpage: www.dss.cahwnet.ca.gov. Should you have any questions regarding these guidelines or training sessions, please call the Foster Care Policy Bureau at (916) 445-0813.

GUIDELINES FOR COUNTIES PROCESS TO ASSESS PLACEMENTS WITH RELATIVES

March 1, 1999

I. EMERGENCY REMOVAL

Who Performs This Process?	Task(s) to Complete	Explain to Parent(s)
County Child Welfare/ social worker (here after referred to as "Child Welfare Worker" in this document) in conference with the relative and family whenever possible.	a. Parent(s) are asked to identify preference for emergency relative placement. b. Consider relatives who come forward. c. Ask children preference as appropriate.	State law regarding relative preference for placement.

II. EMERGENCY PLACEMENT

Who Performs This Process?	Task(s) to Complete	Explain to Relative(s)
Child welfare worker in conference with relative and family whenever possible.	a. Follow Division 31 regulations (specified in 31-410.51-.53). b. Conduct home visit. c. Complete <u>Emergency Placement with A Relative Assessment and Decision Form</u> (See Sample #1) giving consideration to relative/family strengths; needs and resources; and the agency services needed and identified to support them as caregivers. d. Complete CLETS and Child Abuse Index Check on relative and all adults living in the home. e. Whenever a relative is assessed and determined not to be an appropriate placement, this information must be included in the CWS court report with the reason(s) for denial. f. Advise parent(s) they will be asked to compile a list of names, addresses, and phone numbers of maternal and paternal relatives. g. Execute <u>Emergency Placement With A Relative Agreement</u> (See Sample #2).	a. This is an emergency placement and reasons why. b. The need for a home assessment. c. State child abuse/neglect laws. d. The court will order a search for all relatives.

III. AT TIME OF DETENTION HEARING

Who Performs This Process?	Task to Complete
Court	a. Parent ordered to reveal all relatives.
Child welfare worker.	a. Explain to the Court why the emergency placement was chosen. b. Provide form for parent to complete, including list of names, addresses, and phone numbers of all relatives and their preferences for placement.

IV. AFTER DETENTION HEARING AND PRIOR TO THE DISPOSITIONAL HEARING

(During this time, nothing prevents moving the child to another relative as long as an emergency assessment is done on that relative.)

Who Performs This Process?	Task(s) to Complete	Explain to Relative
Child welfare worker, in conference with parents/family members whenever possible.	a. Initiate assessment of child (Division 31 regulations). b. Identify and select relatives for assessment, in the following order: 1. Legally preferred. 2. Child's preference. 3. Parent's preference. c. Contact relative(s) by phone and whenever possible invite to family conference to determine their willingness to care for the child. d. Selection of relatives to assess is based upon: 1. Their willingness. 2. An established relationship. 3. Their proximity. e. Conduct home assessment. 1. A minimum of one in-home assessment must be done prior to placing the child(ren) long term in relative's home. 2. Complete <u>Non-Emergency Placement With a Relative Assessment, Part I and II</u> , giving consideration to their strengths and resources; identify agency services and community supports needed to enhance relative's capacity to provide a safe home. 3. Whenever a relative is assessed and determined not to be an appropriate placement, this information must be included in the CWS court report with the reason(s) for denial. f. Complete CLETS and Child Abuse Index Check on relative and all other adults living in the home.	a. The reason child(ren) were removed from the home. b. State child abuse/neglect laws. c. The need for a home assessment. d. The importance of legal permanence for child, even if reunification with parents fails. e. Explain the results of the <u>Non-Emergency Placement With Relative, Part I and II</u> and your decision. f. The need for a CLETS check on other adults living in the home. g. The results of the assessment of the child(ren) and their treatment need(s). h. The availability of financial and other support services for the children if placed with them. i. Permanency options available. Give the <u>Permanency Options</u> brochure* and discuss. j. The need for the relative (s) to work with the case plan once it is developed. * These can be obtained from the CDSS Adoptions Branch.

V. MATCH THE CHILD(REN)'S NEEDS WITH THE CAPACITY OF THE ASSESSED RELATIVE(S)

Who Performs This Process?	Issue(s) to Consider
Child welfare worker in conference with relative and family whenever possible.	<ul style="list-style-type: none"> a. The conditions of abuse/neglect that led to removal from the parent(s). b. The results of the child assessment (child's needs: medical, mental health, educational, financial support, emotional). c. The relative's willingness and ability to place the child with, and/or arrange visits with siblings. d. The results of the home assessment, and CLETS and Child Abuse Index Check on other adults living in the home. e. The relative's statement of what he/she needs to ensure the safety and well-being of the child(ren). f. The agency's ability and willingness to provide needed services and supports.

VI. ASSESS THE ABILITY OF THE RELATIVE(S) TO WORK WITH THE CASE PLAN

Who Performs This Process?	Issue to Consider
Child welfare worker.	<ul style="list-style-type: none"> a. The relative's understanding of and ability to comply with ordered visits and reunification actions. b. The relative's statement of what he/she needs to ensure the safety and well-being of the child(ren). c. The agency's ability and willingness to provide needed services and supports.

VII. AFTER ASSESSMENT IS COMPLETED

Who Performs This Process?	Task(s) to Complete
Child welfare worker.	<ul style="list-style-type: none"> a. Confirm current placement or move child from the emergency relative placement or from the emergency shelter placement. b. Complete the <u>Non-Emergency Placement With A Relative: Decision</u> Form (See Sample #4) and attach it to the <u>Comprehensive Assessment for Non-Emergency Placement With A Relative</u> Form for retention in the file. c. Complete the <u>Non-Emergency Placement With A Relative: Agreement</u>. (See Sample #5)

VIII. ASSESS RELATIVE'S ABILITY TO PROVIDE LEGAL PERMANENCE

Who Performs This Process?	Issues to Consider	Discuss With Relative
Child welfare worker in conference with relative whenever possible.	<ul style="list-style-type: none"> a. The relative's willingness to parent permanently; assess factors believed to be necessary for relative to assume parenting role. b. The relative's willingness/ability to parent permanently through adoption or guardianship. c. Any barrier(s) to relative adoption or guardianship. d. Whenever a relative is assessed and determined not to be an appropriate placement, this information must be included in the CWS court report with the reason(s) for denial. e. The relative's contingency plans for care of the minor in the event of death or incapacitation of the relative. 	<ul style="list-style-type: none"> a. Permanency options. b. Permanency options brochure. c. "What it would take for relative to assume a permanent parenting role?"

SAMPLE 1

EMERGENCY PLACEMENT WITH A RELATIVE ASSESSMENT + DECISION**March 1, 1999****To Be Completed By The County Child Welfare Worker**

PLEASE PRINT

Child(ren) Information

Child(ren)'s Name(s)	DOB	SSN	ID Number	M/F	Relationship to the Caregiver(s)

Relative Caregiver Information

Primary Caregiver's Name		Secondary Caregiver's Name	
Address			Phone Number
CDL	DOB	CDL	DOB
SSN	Relationship to the Child(ren)	SSN	Relationship to the Child(ren)

Other Adult(s)/Children Living in the Home

Name(s)	DOB	SSN	CDL / ID Number	M/F	Relationship to the Child(ren)

SAMPLE 1

Part I. Relative Caregiver/Others Living in the Home

If any of the statements A. 1-15 or B. 16-19 is answered NO, explain in the Comments Section. A NO answer will require the child welfare worker to determine any risk(s) to the child(ren)'s well being, and whether the relative caregiver would be able to respond to the child(ren)'s needs and protect the child 1) in the current situation and 2) if additional services and supports are provided.

A. According to the Relative Caregiver:

1. They are willing to care for the child(ren) in a healthy and safe way for at least 30 days. [] Yes [] No
Comments: _____
2. They are aware of the child(ren)'s immediate medical/psychological/educational needs and are willing and able to respond to those needs. [] Yes [] No
Comments: _____
3. The caregiver and other child(ren) in the home are willing to accept the additional child(ren) into the home. [] Yes [] No [] N/A
Comments: _____
4. They have sufficient financial and family resources to meet the child(ren)'s need for food, clothing, and child care. [] Yes [] No
Comments: _____
5. They use discipline practices which promote the health and well being of the children. [] Yes [] No
(Discuss) Comments: _____
6. They have techniques for mobilizing community supports and resources to assist them. [] Yes [] No
Comments: _____
7. They have an informal network of friends/others who usually help them in times of need. [] Yes [] No
Comments: _____
8. They belong to, or feel committed to, a cultural group or community organization which provides support. [] Yes [] No
Comments: _____
9. The current and past behavior of the caregiver and others living in the home is free from physical violence or abuse. [] Yes [] No
Comments: _____
10. The current and past behavior of the caregiver and others living in the home is free from alcohol or illegal drug use. [] Yes [] No
Comments: _____
11. The current and past behavior of the caretaker and others living in the home is free from sexual abuse. [] Yes [] No
Comments: _____
12. The caregiver and others living in the home are free of communicable disease. [] Yes [] No
Comments: _____
13. The home is free of any persons who pose a threat to the child. [] Yes [] No
Comments: _____
14. They understand State child abuse and neglect laws and agree to report any circumstances indicating that the child(ren) has been abused or neglected. [] Yes [] No
15. They need the following in order to be able to provide a safe healthy home for the child(ren).
Comments: _____

SAMPLE 1

B. The Child Welfare Worker observed that:

16. The other child(ren) in the home appear to be well cared for. [] Yes [] No [] N/A
Comments: _____
17. The relative shows empathy for the child(ren). [] Yes [] No
Comments: _____
18. The relative caregiver interacts with the child(ren) in a way that makes the child(ren) feel comfortable and relaxed. [] Yes [] No
Comments: _____
19. Pets in the home are well cared for and do not appear to present a danger or health hazard to child(ren). [] Yes [] No [] N/A
Comments: _____

Part II. Physical Environment: Assessment of Health, Fire and Safety

Statements 1-11 must be answered YES to immediately qualify the home for the emergency placement of the child. Explain the reason(s) for any NO answer in the Comments section and identify the family, community or agency services/supports that would enable the relative caregiver to provide a safe home for the child(ren).

1. The relative caregiver is capable of supervising children under 6 years of age who can't swim, and/or are disabled, to ensure no unsupervised access to bodies of water. [] Yes [] No [] N/A
Comments: _____
2. Medicines, cleaning solutions, and poisons are stored in a safe place inaccessible to children. [] Yes [] No
Comments: _____
3. All guns in the home are in locked storage and ammunition stored and locked separately. [] Yes [] No [] N/A
Comments: _____
4. The electricity works and there are no obvious electrical hazards in the home. [] Yes [] No
Comments: _____
5. There is access to drinking/bathing water and the hot water temperature will not harm children. [] Yes [] No
Comments: _____
6. There is access to a telephone. [] Yes [] No []
Comments: _____
7. There are no obvious fire dangers. [] Yes [] No []
Comments: _____
8. There is access to transportation for emergencies. [] Yes [] No []
Comments: _____
9. Food is available for the child(ren). [] Yes [] No []
Comments: _____
10. The home is generally clean, safe, sanitary, and in good repair. [] Yes [] No []
Comments: _____
11. There is a safe place for the child(ren) to sleep. [] Yes [] No []
Comments: _____

If any response to the following statements 12 –14 is NO, the problem must be corrected within 24 hours in order to qualify the home for an emergency placement. Child welfare workers are expected to offer assistance to correct the problem and to identify the services and supports the agency will provide.

SAMPLE 1

12. All bodies of water (pool, spa, etc.) on the property are inaccessible to children under 6, who can't swim, and/or are disabled.

Comments: _____

13. There are working smoke detectors in the home.

Comments: _____

14. There are working seat belts and a car seat that meet federal standards are available for each child under age 4 or under 40 pounds.

Comments: _____

Part III. CLETS and Child Abuse Index Check (CAIC)

- ☐ A CLETS check has been conducted on the relative caregiver and other adult(s) living at this address.

RESULTS: ☐ Cleared.

☐ Not cleared, explain: _____

☐ Convicted Sexual Offender. (Immediate rejection of home)

☐ Convicted Child Molester. (Immediate rejection of home)

- ☐ A CAIC has been conducted on the relative caregiver and other adult(s) living at this address.

RESULTS: ☐ Requested, but results not yet received.

☐ Cleared.

☐ Not cleared, additional investigation required. Do not place child(ren) in home until additional investigation is completed.

Part IV. Placement Decision

- ☐ YES, place the child(ren) in this home. No immediate assistance is needed.

- ☐ YES, place the child(ren) in this home with the following assistance: _____

- ☐ Referred to the following Kinship Support or Family Resource Center services: _____

- ☐ YES, place the child(ren) in this home but begin an immediate search for another relative caregiver as this relative can only care for the child(ren) for _____ days.

- ☐ NO, do not place the child(ren) in this home for the following reason(s): _____

--	--	--

Signature of County Child Welfare Worker

Phone Number

Date

--	--	--

Signature of Relative Caregiver

Phone Number

Date

SAMPLE 2

EMERGENCY PLACEMENT WITH A RELATIVE: AGREEMENT**March 1, 1999**

Please Print

An individual agreement shall be completed by the child welfare worker for each child placed on an emergency basis with a relative. **An emergency placement shall not exceed 30 days.**

Name of Child	Parent's Name
---------------	---------------

Birthdate of Child	Date Placed	Case Number
--------------------	-------------	-------------

Relative Caregiver's Name	Address
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A. Anticipated duration of placement is _____ days. The agency will pay \$ _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals, and supervision.

B. The agency agrees to provide the following immediate assistance: _____

C. Child's special problems/needs: ☐ N/A ☐ YES If YES, please explain:

AGENCY AGREES TO:

1. Provide the relative with information on the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, educational assessment, and identification of special needs when necessary. This shall be made available to the relative within 14 days from date of placement.
2. Inform the relative caregiver of the Agency's responsibilities, objectives, and requirements regarding the care of this child.
3. Identify, based on the assessment, what the relative caregiver(s) needs to be able to provide a safe, adequate home for the child(ren), and what services/supports they will be able to provide or arrange.
4. Inform the relative caregiver they may give the same consents on behalf of the child as the parent, except for those prohibitions explained by the child welfare worker.
5. Develop, with the relative, a plan for the child and share pertinent aspects with the family.
6. Not remove the child with less than 7 calendar days written notice unless the child is physically or psychologically endangered; court orders removal; parent(s) or guardian(s) order removal (voluntary placement); signed waiver obtained from relative; removal is from an interim placement directly into an adoptive home.
7. Assist in the maintenance of the child's constructive relationships with parent(s) and other family member(s) and to involve parent(s) in future planning for this child.
8. Provide procedure for grievances of relative.
9. Contact the child and relative at least three times in the first 30 calendar days, including the initial in-person response.

SAMPLE 2

10. Inform relative if child has any tendencies toward dangerous behavior as documented in C. above.
11. Provide Medi-Cal card or other medical coverage at time of placement. Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available.
12. Provide assistance with emergencies.
13. Assess the continuing needs of the family and provide service and supports to meet these.
14. Develop and involve the relative caregiver in future planning for the child. The placement shall be reviewed within 30 days.
15. Discuss permanency options with the relative.

RELATIVE AGREES TO:

1. Provide this child the nurturing, care, clothing and training suited to their needs.
2. Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this children, and the Agency placement resources available to them and the child(ren).
3. Recognize the Agency's responsibility for planning for this child, as given by the court or the parent(s).
4. Recognize any limitations of consent imposed by the court or the parent(s).
5. Increase their knowledge and ability to care for this child.
6. Encourage the child's relationships with their parent(s) and other relatives, as indicated in the child's case plan when appropriate.
7. Cooperate in visiting arrangements between child and parent(s), as indicated in the child's case plan when appropriate.
8. Use constructive alternative methods of discipline. Not use corporal punishment, or any type of degrading or humiliating punishment. Not use as punishment the threat of removal or deprivation of: meals, monetary allowances, visits from parent(s), or home visits.
9. Respect and keep confidential information given about the child and their family.
10. Immediately notify Agency of significant changes in this child's health, behavior, location, or changes in the household.
11. Give the Agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the Agency that less time is necessary.
12. Give at least 24 hour telephone advance notice to the Agency for any planned absence of the relative caregiver from the home for 48 hours or longer.
13. Notify Agency of any needs, supports or resources required to continue to care for the child in a safe and healthy way.

I have read, or someone has read to me, this document and I agree to meet these requirements. The Agency has offered supports I will use for the good of the children and myself. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from my home.

Signature of Primary Relative Caregiver	Signature of Secondary Relative Caregiver	Date
Address		
Phone Number		

Signature of Child Welfare Worker	Name of Agency	Date
Address	Phone Numbers Office: After Hours:	

SAMPLE 3

COMPREHENSIVE ASSESSMENT FOR NON-EMERGENCY PLACEMENT WITH A RELATIVE

**PART I and II
March 1, 1999**

To be completed by the County Child Welfare Worker and the Relative Caregiver at the time of the home assessment.
PLEASE PRINT

Child(ren) Information

Child(ren)'s Name(s)	DOB	SSN	ID Number	M/F	Relationship to the Caregiver(s)

Relative Caregiver Information

Primary Caregiver's Name		Secondary Caregiver's Name	
Address			Phone Number
CDL	DOB	CDL	DOB
SSN	Relationship to the Child(ren)	SSN	Relationship to the Child(ren)

Other Adult(s) / Children Living in the Home

Name(s)	DOB	SSN	CDL / ID Number	M/F	Relationship to the Child(ren)

**COMPREHENSIVE ASSESSMENT FOR NON-EMERGENCY
PLACEMENT WITH A RELATIVE
PART I of II**

March 1, 1999

PART I. ABILITY TO CARE FOR THE CHILDREN

Instructions: The following series of questions apply to the relative caregiver or may apply to any other person living in the home. They are designed to involve families in the assessment of their strengths and what they require to provide a safe, healthy, and appropriate home for the child(ren). If there is more than one relative caregiver, or another adult living in the home, the child welfare worker may use more than one form or additional pages as appropriate to document assessment of those individuals.

A. Introduction: "Can you share with me the three most important concerns you have about becoming a relative caregiver?"
(Record response in the relative's own words.)

- 1) _____
- 2) _____
- 3) _____

B. Relative Caregivers/Others Living in the Home

1. How long have you lived at this address? _____ Months _____ Years

2. Are you employed? [] Yes [] No

If NO, go on to Question c.

If YES, please answer questions (a) – (d) below.

a. Company name: _____
Company address: _____
Company phone: _____

b. The number of hours you work per week: _____

c. Your weekly work schedule: _____

d. Who will care for the child(ren) while you are working?

<u>Persons who will care for the child(ren) in your absence</u>	<u>Their Age</u>	<u>Their relationship to the child(ren)</u>
_____	_____	_____
_____	_____	_____

3. Support system: Do you have family / friends who can help you care for the child(ren)? [] Yes [] No

If YES:

<u>Name(s) of person(s) helping you care for the child(ren)</u>	<u>Each person's relationship to the child(ren)</u>	<u>The help each person will be providing</u>
_____	_____	_____
_____	_____	_____

SAMPLE 3

4. Do you need financial assistance to be able to care for the child(ren)? ☐ Yes ☐ No
5. Do you need other assistance to be able to provide the necessities of life for the child(ren), including food, clothing, child care and necessary medical care? ☐ Yes ☐ No
If yes, what are these? _____
6. Do you need assistance in working with the schools in dealing with the child's educational needs? ☐ Yes ☐ No
7. Do you have needs and/concerns that will require assistance to help you care for the child(ren)? ☐ Yes ☐ No
If Yes, what are they? _____
8. Explain how will you discipline the child(ren)? _____
9. What are some of your discipline practices and beliefs that you feel will promote the safety and well being of the child(ren)? _____
10. What are some of the coping or problem solving skills that have been helpful to you as a parent or (i.e. What do you tend to do when you become overwhelmed or frustrated with someone or some thing?) _____
11. How do you plan for the future and anticipate needs or concerns that might arise? _____
12. What do you believe are your strongest qualities? _____
13. What are your favorite activities? _____
14. What keeps you going in difficult times? _____
15. What are your goals for your family; what would you like to see happen? _____

C. Family and Social Relationships/Support Systems

1. Describe your relationship with your family: _____
2. Is there someone in the family you go to for support and encouragement? _____
3. When there is a family crisis or conflict how is it usually resolved? _____

SAMPLE 3

4. What are some of the situations or problems for which you have sought out family members or community resources to obtain support or services?

5. Do you have a cultural community or network with which you identify, with which you feel connected?

6. Do you and/or your family belong to any groups or organizations that provide cultural/emotional support? Discuss: [] Yes [] No

7. Is there someone in the family who is close to the child(ren)? [] Yes [] No
Who/relationship to Children? _____

8. Who do they tend to go for understanding or advice?
Who/relationship to Children? _____

D. Relationship with the Child(ren) Being Considered for Placement

1. How would you describe your past and current relationship with the child(ren)?

2. How often have you seen the child(ren) during the past year? _____
Explain: _____

3. How often have you had telephone contact with the child(ren) during the past year? _____
Explain: _____

4. How often have you provided overnight care for the child(ren) in your home during the past year?

5. What do you believe are the best qualities of the children?

E. Relationship with the Parent(s) of the Child(ren) Being Considered for Placement

1. Briefly describe your relationship with the child(ren)'s parent(s):

Child(ren)'s Mother: _____

Child(ren)'s Father: _____

2. What is your understanding of the situation/behavior that led to the removal of the child/ren from their home? _____

3. Do you believe the allegation(s) / charge(s) against the child(ren)'s parent(s) regarding the child(ren)? [] Yes [] No

Explain: _____

SAMPLE 3

4. Given the information I have shared with you regarding State child safety, neglect and abuse laws, do you have concerns or needs to be met in order for you to feel secure about providing a safe and secure home for the child(ren)?
[] Yes [] No
5. Are there conditions in your home or situations with your family with which you feel you need assistance to ensure the child(ren)'s safety, such as protecting the child(ren) from the offending parent or others?
[] Yes [] No
If yes, what are, they ? _____
6. Do you have concerns about how your relationship with the child(ren)'s parent would affect the child(ren)?
[] Yes [] No
If yes, what are some of these concerns? _____

7. If there is a court order that requires you to allow visitation by the biological parents, do you have any concerns regarding how your relationship with the parents would affect the health and safety of the child(ren)?
[] Yes [] No
If yes, what are some of these concerns? _____

8. If the parent(s) pose a risk to the child(ren) can you ensure the child(ren)'s safety when the parent(s) visit the child(ren)?
[] Yes [] No [] Not Sure
Discuss what caregiver needs to be able to protect the children. _____

9. If the child(ren) is not returned to the parent(s), would you be willing to consider providing a permanent home for the child(ren)?
[] Yes [] No [] Not Sure, need additional information

F. Relative Caregiver's Health

Instructions: The following series of questions apply to the caregiver's health. If the relative caregiver is unsure about how to answer a question, ask them to give the best answer they can.

1. Views About Your Health

- a. Do you have any concerns or needs regarding your personal health? _____

- b. Based on your health related concerns do you have any concerns regarding your ability to supervise or discipline the child(ren) ?
[] Yes [] No
If yes, would you be able to do so with assistance? [] Yes [] No
What kind of assistance do you feel you need?

- c. If something happens to you have you made plans for another family member or friend to care for the child(ren)?
[] Yes [] No
If YES, please describe: _____

G. Information About The Relative Caregivers and Others Living in the Home**Smoking**

1. Do you or any other person(s) living in your home smoke?

	<u>SELF</u>	<u>OTHERS</u>
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol Use

1. Do you or any other person(s) living in your home drink alcohol?

	<u>SELF</u>	<u>OTHERS</u>
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have concerns about your own use of alcohol?

[] Yes [] No

3. If YES, are you in a recovery program?

[] Yes [] No

4. Do you have concerns about the use of alcohol by any other person(s) living in your home?

[] Yes [] No

5. If YES, are they in a recovery program?

[] Yes [] No

6. As a direct or indirect result of alcohol use, have you or other person(s) living in your home experienced any of the following in the past two years?
- (Check all that apply)*

	<u>SELF</u>	<u>OTHERS</u>
Absence From Work / Loss of a Job	<input type="checkbox"/>	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	<input type="checkbox"/>
Health Problems	<input type="checkbox"/>	<input type="checkbox"/>
Violent Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____		

Illegal Drugs/Abuse of Prescription Drugs

1. Do you or any other person(s) living in your home use illegal drugs or abuse prescription drugs?

	<u>SELF</u>	<u>OTHERS</u>
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have concerns about your own use of illegal drugs or prescription drug abuse?

[] Yes [] No

3. If YES, are you in a recovery program?

[] Yes [] No

4. Do you have concerns about the use of illegal drugs or the abuse of prescription drugs by any other person(s) living in your home?

[] Yes [] No

5. If YES, are they in a recovery program?

[] Yes [] No

6. As a direct or indirect result of illegal drug use or the abuse of prescription drugs, have you or other person(s) living in your home experienced any of the following in the past two years?
- (Check all that apply)*

	<u>SELF</u>	<u>OTHERS</u>
Absence From Work / Loss of a Job	<input type="checkbox"/>	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	<input type="checkbox"/>
Health Problems	<input type="checkbox"/>	<input type="checkbox"/>
Violent Behavior	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify) _____

SAMPLE 3

Behavioral Risk Factors

1. Have you or any other person(s) living in your home been a victim of physical abuse, battering, sexual abuse, or molestation in the past two years?

	<u>SELF</u>	<u>OTHERS</u>
Yes	[]	[]
No	[]	[]
Don't Know	[]	[]

2. Have you or any other person(s) living in your home been a victim of physical abuse, battering, sexual abuse or molestation as a child?

	<u>SELF</u>	<u>OTHERS</u>
Yes	[]	[]
No	[]	[]
Don't Know	[]	[]

3. Have you ever been hit by any other person living in your home?

	<u>SELF</u>	<u>OTHERS</u>
Yes	[]	[]
No	[]	[]

4. Has any other person living in your home ever hit you or any child(ren) living in the home?

	<u>SELF</u>	<u>OTHERS</u>
Yes	[]	[]
No	[]	[]

Mental Health

1. Have you or any other person(s) living in your home received counseling or therapy for personal or family problems?

	<u>SELF</u>	<u>OTHERS</u>
Yes	[]	[]
No	[]	[]
Don't Know	[]	[]

2. Have you and/or other person(s) living in your home ever been hospitalized in a psychiatric facility?

	<u>SELF</u>	<u>OTHERS</u>
Yes	[]	[]
No	[]	[]
Don't know	[]	[]

3. Do you or any other person(s) living in your home have a history of mental illness?

	<u>SELF</u>	<u>OTHERS</u>
Yes	[]	[]
No	[]	[]
Don't know	[]	[]

4. Have you or any other person(s) living in your home experienced any of the following during the past two years? *(Check all that apply)*

	<u>SELF</u>	<u>OTHERS</u>
Death of a child, family member, or close friend	[]	[]
Change in your health	[]	[]
Change in health of a family member	[]	[]
Personal injury or illness	[]	[]
Divorce	[]	[]
Separation from spouse/partner	[]	[]
Fired from job	[]	[]
Job change	[]	[]
Financial problems	[]	[]
Change of residence	[]	[]
Confined in a:		
Hospital	[]	[]
Mental Health facility	[]	[]
Jail	[]	[]
Prison	[]	[]
None of the above have been experienced in the past two years	[]	[]

Other (specify) _____

Involvement With Law Enforcement or Children's Protective Services

1. Have you or any other person(s) living in your home had any involvement with law enforcement?

	<u>SELF</u>	<u>OTHERS</u>
Yes	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Don't know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PART II PHYSICAL ENVIRONMENT: ASSESSMENT OF HEALTH, FIRE AND SAFETY**A. Inside The Home**

1. Medicine
 - a. Are all medicines stored in a safe place, inaccessible to the child(ren)? ☐ Yes ☐ No
2. Cleaning Supplies/Pesticides/Poisons
 - a. Are cleaning supplies, pesticides, and poisons kept in a location which is not accessible to the child(ren)? ☐ Yes ☐ No
 - b. Are cleaning supplies, pesticides, and poisons separate from the food storage areas? ☐ Yes ☐ No
3. Guns
 - a. Is there a gun or guns in the home? ☐ Yes ☐ No
If the answer is NO, go on to Question #4. If the answer is YES, answer b - d below.
 Are all guns and ammunition locked or stored in a manner to prevent access by the child(ren)? ☐ Yes ☐ No
 - b. Are all guns stored unloaded? ☐ Yes ☐ No
 - c. Is all ammunition located or stored in a location separate from the gun(s)? ☐ Yes ☐ No
4. Electrical
 - a. Are all electrical sockets covered to prevent shock? ☐ Yes ☐ No
 - b. Is all electrical wiring in the home enclosed? ☐ Yes ☐ No
 - c. Are all major appliances working? ☐ Yes ☐ No
 - d. Are extension cords in good repair and used safely? ☐ Yes ☐ No
5. Water Safety
 - a. Is the hot water heater set at a temperature so the hot water will not scald the child(ren)? ☐ Yes ☐ No
 - b. When young child(ren) (any child under the age of six) are in the bathtub, does an adult supervise them? ☐ Yes ☐ No
6. Telephone
 - a. Is there a working telephone in the home? ☐ Yes ☐ No
 - b. **If your answer to Question a. was NO**, do you have access to a telephone? ☐ Yes ☐ No
7. Fire Danger
 - a. Are there working smoke detectors in the home? ☐ Yes ☐ No
 - b. Is there an operational general purpose fire extinguisher in the home? ☐ Yes ☐ No
 - c. Is there a plan that all persons living in the home understand for evacuation in case of fire? ☐ Yes ☐ No
 - d. If there is a gas heater, is it vented? ☐ Yes ☐ No ☐ N/A
 - e. If there is a fireplace, is it screened? ☐ Yes ☐ No ☐ N/A
 - f. Is there an accumulation of rubbish, trash, or other combustible materials in or near the home? ☐ Yes ☐ No
8. Food
 - a. Is there a variety of healthy nutritious food in the home? ☐ Yes ☐ No
 - b. Is the food in the home refrigerated and/or properly stored? ☐ Yes ☐ No
 - c. Are the children in the home provided at least 3 meals a day? ☐ Yes ☐ No
 - d. Does the child(ren) in the home have meals with other family members? ☐ Yes ☐ No
 - e. Are you aware of any food allergies the child(ren) have? ☐ Yes ☐ No

SAMPLE 3

9. General Housekeeping

- a. Is the home generally clean, safe, sanitary, and in good repair? ☐ Yes ☐ No

10. Bedroom / Beds

- a. Will the child(ren) share a bedroom? ☐ Yes ☐ No

If YES, please list the name, gender, and age of the person(s) sharing the bedroom.

Name _____ M / F _____ Age _____

Name _____ M / F _____ Age _____

Name _____ M / F _____ Age _____

- b. Will the child(ren) share a bed? ☐ Yes ☐ No

If YES, please list the name, gender, and age of the person(s) sharing the bed with the child(ren).

Name _____ M / F _____ Age _____

- c. Are there bunkbeds in the home? ☐ Yes ☐ No

If NO, go on to Question #11. .

If the answer is YES, answer d - e below.

- d. Are any children under the age of 5 using bunkbeds? ☐ Yes ☐ No

- e. Do the bunkbeds have upper bed protection railings in use? ☐ Yes ☐ No

10. First Aid / CPR

- a. Are there first aid supplies in the home? ☐ Yes ☐ No

- b. Has any person living in the home taken a class in first aid? ☐ Yes ☐ No

- c. Has any person living in the home taken a class in CPR? ☐ Yes ☐ No

11. Pets

- a. Are any family pets dangerous or present a health risk to the child(ren)? ☐ Yes ☐ No ☐ N/A

B. Outside The Home

12. Water Safety

- a. Does your property have a swimming pool, spa, fish pond, or any other body of water? ☐ Yes ☐ No

If the answer is NO, go on to Question #14. If the answer is YES, answer b - d below.

- b. If you have a spa – Is the spa securely covered when not in use? ☐ Yes ☐ No ☐ N/A

- c. If you have a swimming pool or any other body of water, **not including a spa** - Is it completely surrounded by a fence, at least 5 feet high, with a self-latching gate? ☐ Yes ☐ No

- d. Are you capable of supervising children to insure there is no unsupervised access to the body(ies) of water on your property? ☐ Yes ☐ No

13. Transportation

- a. Do you have a vehicle to transport the child(ren)? ☐ Yes ☐ No

- b. If not, do you have access to a vehicle? ☐ Yes ☐ No

- c. Does the vehicle have working safety belts that are used when transporting the child(ren)? ☐ Yes ☐ No

- d. Is there a car seat that meets federal standards available for each child under age 4 or less than 40 pounds? ☐ Yes ☐ No ☐ N/A

- e. Do you know how to correctly use a child car seat? ☐ Yes ☐ No ☐ N/A

14. Play Area

- a. Is there an outdoor play area for the child(ren)? ☐ Yes ☐ No

If the answer is NO, skip questions b - e.

- b. Is the outdoor play area safe? ☐ Yes ☐ No

- c. Is the outdoor play area adjacent to a high traffic area or other potentially hazardous location? ☐ Yes ☐ No

- d. Is the play area securely fenced? ☐ Yes ☐ No

- e. Are young child(ren) supervised by an adult when playing outdoors? ☐ Yes ☐ No

SAMPLE 3

Signature of the Primary Relative Caregiver

Date

Signature of the Secondary Relative Caregiver

Date

Signature of Other Person Living in Home*

Date

*Use this signature block for person(s) living in the home who were interviewed at the time of the assessment.

SAMPLE 4

NON-EMERGENCY PLACEMENT WITH A RELATIVE: DECISION**March 1, 1999****TO BE COMPLETED BY THE COUNTY CHILD WELFARE WORKER****Child(ren) Information**

Child(ren)'s Name(s)	DOB	SSN	ID Number	M/F	Relationship to the Caregiver(s)

Relative Caregiver Information

Primary Caregiver's Name		Secondary Caregiver's Name	
Address			Phone Number
CDL	DOB	CDL	DOB
SSN	Relationship to the Child(ren)	SSN	Relationship to the Child(ren)

Other Adult(s) / Children Living in the Home

Name(s)	DOB	SSN	CDL / ID Number	M/F	Relationship to the Child(ren)

SAMPLE 4

Summary Assessment

If any of the statements A. 1-14 is answered NO, explain in the Comments Section. A NO answer will require the child welfare worker to determine any risk(s) to the child(ren)'s well being, and whether the relative caregiver would be able to respond to the child(ren)'s needs and protect the child 1) in the current situation and 2) if additional services and supports are provided.

According to the Relative Caregiver:

1. They are willing to care for the child(ren) in a healthy and safe way for at least 30 days. [] Yes [] No
Comments: _____
2. They are aware of the child(ren)'s immediate medical/psychological/educational needs and are willing and able to respond to those needs. [] Yes [] No
Comments: _____
3. The caregiver and other child(ren) in the home are willing to accept the additional child(ren) into the home. [] Yes [] No [] N/A
Comments: _____
4. They have sufficient financial and family resources to meet the child(ren)'s need for food, clothing, and child care. [] Yes [] No
Comments: _____
5. They use discipline practices which promote the health and well being of the children. [] Yes [] No
(Discuss) Comments: _____
6. They have techniques for mobilizing community supports and resources to assist them. [] Yes [] No
Comments: _____
7. The current and past behavior of the caregiver and others living in the home is free from physical violence or abuse. [] Yes [] No
Comments: _____
8. The current and past behavior of the caregiver and others living in the home is free from alcohol or illegal drug use. [] Yes [] No
Comments: _____
9. The current and past behavior of the caretaker and others living in the home is free from sexual abuse. [] Yes [] No
Comments: _____
10. The caregiver and others living in the home are free of communicable disease. [] Yes [] No
Comments: _____
11. The home is free of any persons who pose a threat to the child. [] Yes [] No
Comments: _____
12. They understand State child abuse and neglect laws and agree to report any circumstances indicating that the child(ren) has been abused or neglected. [] Yes [] No
13. They need the following in order to be able to provide a safe healthy home for the child(ren).
Comments: _____

The County Child Welfare Worker Observes:

14. There are no risk factors in the physical environment that pose a health or safety hazard to the child(ren). [] Yes [] No

SAMPLE 4

Permanency

1. Permanency options, including adoption and legal guardianship have been discussed with the caregiver(s).
[] Yes [] No
2. Relative caregiver is willing and able to provide legal permanence, if necessary.
[] Yes [] No

CLETS Check / and Child Abuse Index Check (CAIC)

[] A CLETS check has been conducted on the relative caregiver and other adult(s) living at this address.

RESULTS: [] Cleared.
[] Not cleared, explain: _____

[] Convicted Sexual Offender. (Immediate rejection of home)
[] Convicted Child Molester. (Immediate rejection of home)

[] A CAIC has been conducted on the relative caregiver and other adult(s) living at this address.

RESULTS: [] Requested, but results not yet received.
[] Cleared.
[] Not cleared, additional investigation required. Do not place child(ren) in home until additional investigation is completed.

Placement Decision

_____ YES, place the child(ren) in this home. No immediate assistance is needed.

_____ YES, place the child(ren) in this home with the following assistance: _____

_____ NO, do not place the child(ren) in this home for the following reason(s): _____

Signature of County Child Welfare Worker	Phone Number	Date

Signature of Relative Caregiver	Phone Number	Date

**NON-EMERGENCY PLACEMENT
WITH A RELATIVE: AGREEMENT
March 1, 1999**

An individual agreement shall be completed by the child welfare worker for each child placed long-term with a relative.

PLEASE PRINT

Child's Name	Birth Parent's Name
--------------	---------------------

Birthdate of Child	Date Placed	Case Number
--------------------	-------------	-------------

Relative Caregiver's Name	Address
---------------------------	---------

A. The agency will pay \$ _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals, and supervision.

B. Child has special problems / needs: ☐ N/A ☐ YES If YES, explain:

AGENCY AGREES TO:

1. Provide the relative with knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, educational assessment; identification of special needs when necessary. This shall be made available to the relative within 14 days from date of placement.
2. Identify, based on the assessment, what the caregivers(s) needs to be able to provide a safe home for the child(ren).
3. Develop with the relative a plan for the child, including the provision of services/supports necessary to a) address special needs identified in B. above, and b) assist the relative in caring for the child(ren).
4. Inform relative they may give the same consents on behalf of the child as the parent, except for those prohibitions explained by the child welfare worker.
5. Not remove the child with less than 7 calendar days written notice unless the child is physically or psychologically endangered; court orders removal; parent(s) or guardian(s) order removal (voluntary placement); signed waiver obtained from relative; removal is from an interim placement directly into an adoptive home.
6. Involve relative in future planning for the child. The placement shall be reviewed within 6 months.
7. Assist in the maintenance of the child's constructive relationships with parent(s) and other family member(s) and to involve parent(s) in future planning for this child.
8. Provide procedure for grievances of relative.
9. Contact the child and relative at least once every calendar month. If case plan indicates less frequent contacts, relative will be informed.
10. Inform relative if child has any tendencies toward dangerous behavior as documented in B. above.
11. Provide Medi-Cal card or other medical coverage at time of placement. Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available.
12. Provide a clothing allowance as permitted to meet initial clothing needs.
13. In cooperation with relative, arrange for visiting by parent(s) or other relatives on _____.
14. Provide assistance with emergencies.
15. Assessment the continued needs of the family and provide services and supports to meet these.

SAMPLE 5

RELATIVE AGREES TO:

1. Provide this child the nurture, care, clothing and training suited to their needs.
2. Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child, and the Agency placement services/resources available them and the child.
3. Recognize the Agency's responsibility for planning for this child, as given by the court or the parent(s).
4. Recognize any limitations of consent imposed by the court or the parent(s).
5. Increase their knowledge and ability to care for this child.
6. Encourage the child's relationships with their parent(s) and other relatives where appropriate.
7. Cooperate in visiting arrangements between child and parent(s).
8. Not use corporal punishment, punishment in the presence of others, deprivation of meals, monetary allowances, visit from parent, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline.
9. Respect and keep confidential information given about the child and their family.
10. Immediately notify agency of significant changes in this child's health, behavior, or location.
11. Accept the child's special problems as given above in my provision of care.
12. Give the agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the agency that less time is necessary.
13. Help with termination of this placement when necessary, including return to the child's parent(s), placement in another relative's or foster parent home, or other guardian or adoptive placement.
14. Give at least 24 hour telephone advance notice to the Agency for any absence of the relative caregiver from the home for 48 hours or longer.
15. Notify the Agency immediately if application is made on behalf of the child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).
16. Notify Agency of any needs, supports or resources that may be required to care for the child in a safe and healthy way.

I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home.

Signature of Primary Relative Caregiver	Signature of Secondary Relative Caregiver	Date
Address		
Phone Number		

Signature of Child Welfare Worker	Name of Agency	Date
Address		Phone Numbers Office: After Hours:

Permanent Placement Intent

In signing this section, the relative caregiver and child notify the Agency of their desire that this child remain in this home as a permanent member of this family and the relative caregiver has been provided information by the Agency regarding the options for a permanent placement.

Signature of Child Welfare Worker	Date	Signature of Relative Caregiver	Date
Signature of Child (If Applicable)			